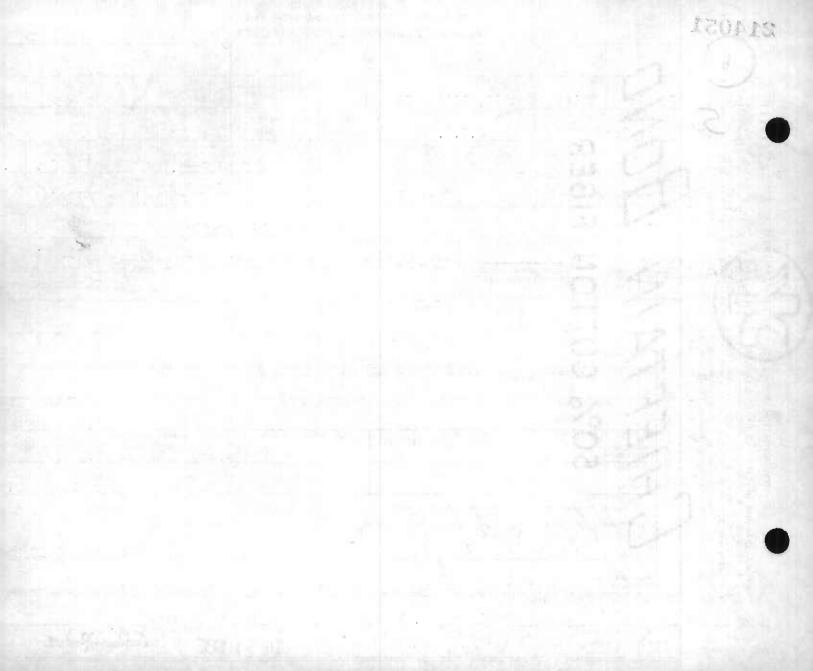


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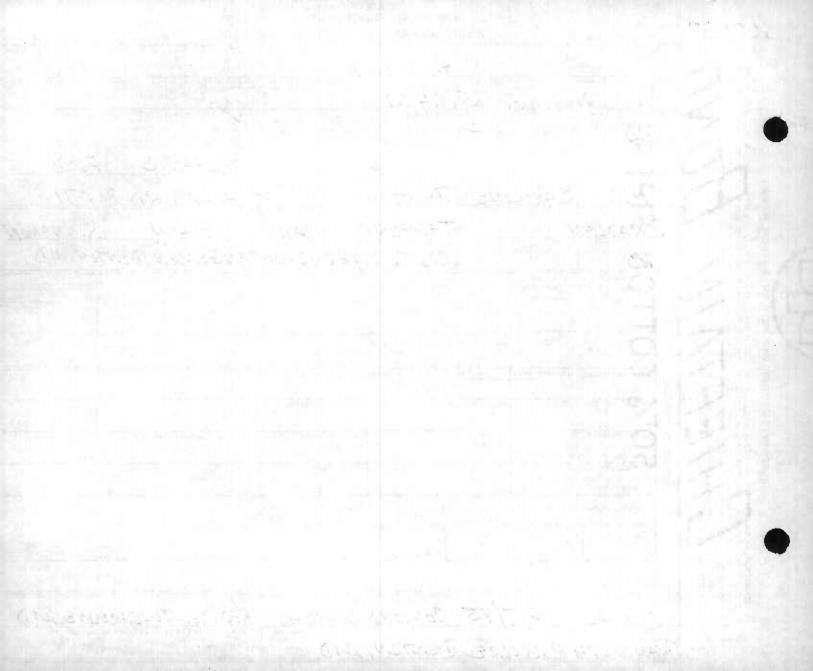
STATE OF MARYLAND



TOCALV STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS HEALTH DEPT 1. DECEASED-NAME 2a. DATE KNOWN Month Day Year. (Type ar Print) JULTA SMITH LANE DEATH MATED | June 29 1985 4. RACE 5. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD July 14,1909 Female Cauca. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Maryland DIVORCED [U. S. A. WIDOWED T Caroline 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR relephone 917515 Franklin Street during most of working life, even if refired.) Denton 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland 13b. COUNTY Caroline Denton 515 Franklin St. 21629 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Hayward Meeks Margaret Robinson 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, ar unknawn) (If yes give war or dates of service) 212100294A Ralph Smith. Jr., Denton, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OCARDIAL INFARCTION IMMEDIATE CAUSE (a) TERIOSCLERUTIC CARDIOVASCULAR DISPASE CHRONIC ial-transit Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DISEASE, VENTRICULAR ARRHYTHMIA used as 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry XI and in my opinion death resulted fram: Natural causes X. Accident Suicide Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Christian E. Jensen, M. ADDRESS(Street, city, tawn, ar county) Denton MD BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (State) Denton Cemetery Denton Caroline 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR DHMH-17 1/71 10M (VR A15ME (5))

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		1 DE	CEASED NAME FIRST	ord hord	WIDDLE	LAST	20 DATE KNOWN IX MON	NTH DAY YEAR 26 HOUR
	W ~ ~ 10 ~	(TYF	e or print) Ken		MSTAFFOR	DLord	OF ESTI- DEATH MATED 7	5 19 85 M
	AND SECTION	3. SE		5. DATE OF BIRTH	6. AGE (IN YEARS		ER 24 HRS. 2c. DATE MON	
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	20世界是	10. C	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OF	OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WO	ORK 126 KIND OF BUSINESS OR INDUSTRY
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	A SOFT A		NO			46 DRCHEIS	STIAN JENSEN, DE	N (01/190)
	1 8 8 8 G		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED) DV				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	A HANDARA		0157 IMMEDIAT	E CAUSE (a) Lac		liver, smoke	& soot inhalation	and
	W. PRESTON WITHIN 24 ENCIL IN ITE MINES ALO TRANSIT PE INTAL HYGH OR REMOV		Canditions, if ony, which	SOXXXXXX	EXXXDE CONTRACTOR		thermal burns	
	VITH NEB NEB NEB NEB NEB NEB NEB NEB NEB NEB		gave rise to immediate	(b)				
	TED W. XAMIN AL-TR. N. OR		cause (o) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
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	IL RECORDS, 2011 ULID BE EXECUTED "PENDING" IN PR FE MEDICAL EXAMPLALE FEATH AND MEI AL, CREMATION, C	z	PART 2 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH	UT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN	PART 1 le	
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	PORV ND. STE	}	220. I certify that I took charge		and the same of th	Autapsy K , Inspecti	ion . Inquiry . and in my	y opinion MD
	SE UNITS		death resulted from: Nature	ol couses,	Accident X, Suicide	, Homicide	Undetermined monner,	
	EXAM CERTIN UID B UID B UITH WARY		ACTUAL WALL	= (A a	(Mag 1)	TITLE (SPECIFY)		70
	A SHE	1	SIGNATURE VICE	ME MILE	YITHE	m.d. <u>Assistan</u>	MEDICAL EXAMINER SIC	T-5-85
	UNE CTE		EXAMINER'S NAME Marga	arita A k	Korell, M.D.	111	Penn St., Balto., N	MD 21201
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTE DEATH, BALL ORE M	72.0	(THE ORTHUR)			ADDRESS		T
		(30,6)	PECIFY)	DATE / 45	23c NAME OF CEMETE	A LILLY A LI	23d LOCATION CITY OR TOWN	OUNTY STATE
07 25	/B4 BP	24 F	JNERAL DIRECTOR	11100	(DIVCOPU)	CHURCH	REC'D. BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	I	NAME DAL DEL PA	ADDRESS	DENTAN.	117	the Marida	Randell
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE S CERTIFICATE OF DEATH REGISTRAR REG NO 219105 20. DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-ETUNEDAL DIRECTOR.
ES FOR YOUR FILES.
ED WITHIN 72 HOURS M. DEATH MATED 2919 85 Charlotte Martin 6. AGE (IN YEARS 2d HOUR 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS. DATE T BIRTHOAY PRONOUNCED 7 O' 3:40 19 85 White 36 Female DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland TISA DIVORCED Caroline County ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION International HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Cosmotoligest Denton Route 404 Beauty School HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY T3c CITY OR TOWN 21237 Baltimore NO 1004 Sumter Ave. Maryland 2 SI TS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDCLE LAST MIDGLE Sadler Conrad Baumgartner Charlotte Mathew IT. INFORMANT 21237 16b. SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) 216-32-3762 Mr. Earle R. Martin 1004 Sumter Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH HART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Thermal injuries DEPARTMENT OF HE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? USED OF HE YES V NO L 21b. TIME OF INJURY
HOUR XXXXMONTH DAY YEAR 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 29 19 85 Driver in auto/truck impact with fire 3 - DAM. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINES: THIS CER EXECUTE THE CER FIGURE, WRITIN POGE 4 SHOULD BE CHWARDED TO FUNERAL DIRECTOS, PAGE 35 AFTER DEATH, WITH STATE DEF BALTWORE, MAR STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN WHILE AT WORK AT WORK Caroline, 404 MD. road Rt. Denton Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Undetermined monner death resulted from Homicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/30/85 SIGNATURE SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. Balto.MD. 111 Penn St. (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 8-2-85 Baltimore, Maryland Zion Luth.Ch. Cemetery Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ACCORESS 1401 BelBIR **DHMH - 17** BALTIMORE, MD. 21231 (VR A15 ME (5)) -355AhH

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 219102 REGISTRAR KNOWN X L DECEASED NAME (TYPE OR PRINT) ESTI-ECESSARY, PLEASE II ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS DEATH MATED V. 2919 85 Esther Martin 2d HOUR 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAYS PRONOUNCED 3:40P White Female 29 19 85 DEAD 21 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland USA WIDOWED DIVORCED Caroline County.

12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Overlea H.S. FOR MOST OF WORKING LIFE) LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Denton Route 404 HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES | NACOCK 935 Rosedale Ave. NI COUNTY 21237 Bal timore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDOLE Sädler Mathew Charlotte Baumgartner Conrad J. 21237 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Charles A. Martin Sr. 935 Rosedale Ave. 218-36-2155 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Thermal injuries 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED / 19a DATE OF OPERATION 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT FOR FUNEAL DIRECTOR, PAGE 3 SHOULD BE US AFFER DEATH, WITH THE STATE DEPARTMENT OF BAJLJJMORE, MARYGAND, 21201 PRIQR TO BURI YES NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR ASK! MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) INDERLYING TOP 29 10 85 3 Passenger in auto/truck impact with fire CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 214 INJURY OCCURRED AT WORK NOT WHILE CITY OR TOWN STREET, FACTORY, FARM, ETC.) Route 404 road Caroline Denton MD InspectionXX Autopsy Inquiry 22a. I certify that I took charge of the remains desafibed above, held an and in my apinian Undetermined manner Hamicide L death resulted fram: TITLE (SPECIFY) ACTUAL DATE 7/30/85 Assistant MEDICAL EXAMINER SIGNATURE Dennis F. SMyth, M.D. ADDRESS EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Baltimore, Maryland Zion Luth.Ch. Cemetery 8-2-85 Burial BP 07/84 25M 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4401 BelAle Rd ADDRESS **DHMH - 17** Letia Davidson Pandell BALTO. MD. 2123 (VR A15 ME (5)) 23SAhN

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STATE OF MARYLAND 203456 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Zo. DATE OF DEATH Middle Lost 1. DECEASED-NAME First 2b. HOUR (Type or print) ANDRETA KETER June 28 MUIR 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years 1F UNDER 1 YEAR lost birthdoy) DAYS MONTHS Female Caucasian February 19.1899 86 YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTY Jersey U. S. A. WIDOWED TE DIVORCED Caroline 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Teacher give street oddress) INDUSTRY Denton iston Rd Education 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Caroline Williston Road 21629 Denton FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Andrew Keter Marv Miles 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nover unknown) 212749747 Jane A Horner, Denton, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 40ars IMMEDIATE CAUSE (o) . DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗆 21o. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 19 5, and t 19 5, and that if (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Thomas Fauntleroy, Jr., M.D. 139 South Washington Spd. 2169ton 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) RBADY AL (FPS) T 0 Denton Cemetery Caroline Md Denton DHMH - 16 3/72 25M . 2 1095 (VR A15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 218127 REGISTRAR DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-ELS, FOR YOUR FILES.

O WITHIN 72 HOURS

W. PRESTON STREET, Thurman Oakley Peterman Jr. DEATH MATED 2919 85 FUNERAL DIRECTOR. 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 37 RONOUNCED 3 :40 White Male DEAD YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED 1 NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Caroline County. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Mechanic Alban Tractor Industry Denton Route 404 USUAL RESIDENCE LIFTIN NURS HOLLOW OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE OUNTY Hebron YES NOT Box 174 RESSRt. 1 Maryland Icomico YES 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Thurman Peterman, Sr. Oaklev Rapp Anna 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS 216-48-7477 Nancy W. Petterman, See sec 13 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ BURIAL - TRANSIT PEI I AND MENTAL HYGIE AATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A B CERTIFICATION Thermal injuries E3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO I 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUNT MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 29 1985 Driver in truck/auto impact with fire 21d INJURY OCCURRED 21e PLACE OF INJURY CATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE Caroline road Route 404 Denton Md Autopsy XX TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 376. I certify that took charge of the remains described above, held an Inspection Inquiry and in my opinion Natural causes () Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/30/85 EXAMINER'S NAME Dennis F. Smyth, M.D. Balto.MD. (TYPE OR PRINT) Penn St. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION STATE 8/1/1985 Burial Springhill Mem. Garden Hebron 07/B4 BP Wicomico 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1255 REGISTRAR'S SIGNATURE **DHMH - 17** Baker & Bounds Salisbury. Md. 21801 (VR A15 ME (5)) Julia Davidson Mandelle

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 159108 CERTIFICATE OF DEATH REGISTRAR AN REG. NO I. DECEASED NAME (TYPE OR PRINT) 85 Pouder Ralph H. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 3. SEX 12 1887 11 97 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA DIVORCED Caroline WIDOWED ennessee 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH Disabled American Veteran Rt. 1 Box 105 C Goldsboro USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Goldsboro 21636 Box 105 C Caroline NO I Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Cass Pouder M. Peter Lucy ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Goldsboro, MD Earl Larrimore 232-80-4106 WWI ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that () (this hospital) attended the deceased from_ now the deceated alive on book, (I) (we) did) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT d b IMPORT/ 23/ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE MD Greensboro Greensboro 7-5-85 BP Burial 250 REGISSBAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Greensboro, MD John E. Boulais (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE

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OF DEATH	MONTH	DAY	YEAR	2b H
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r	

RACE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Realer

DATE OF BIRTH MONTH 12

DAY 12

1888

BALTIMORE CITY OR COUNTY OF DEATH

96 YRS IF UNDER 1 YEAR

White **Female** To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY) Bavaria

USA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED X WIDOWED DIVORCED

NO X

Caroline 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! Nun/Teacher

13e STREET ADDRESS

none

6. AGE (IN YEARS LAST BIRTHDAY)

12b. KIND OF BUSINESS OR INDUSTRY Church

ID CITY OR TOWN OF DEATH Ridgely

Aloysius

Maryland 4 FATHER'S NAME

FOR

1. DECEASED NAME (TYPE OR PRINT)

REGISTRAR

- STATE

3. SEX

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, Caroline

MIDDLE

Ridaely

St. Gertrude Infirmary

13c. CITY OR TOWN

15. MOTHER'S MAIDEN NAME Walburga

ADDRESS

MIDDLE

Grimberger

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21660

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) no

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

216-54-9357

17 INFORMANT St. Gertrude Priory

Ridgely, MD

Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CARDIOVASCULAR DIS

19a DATE OF OPERATION

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY? NOM

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

NOT WHILE

P.M. 21e. PLACE OF INJURY

216. TIME OF INJURY

HOUR A.M.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MONTH DAY YEAR

211 LOCATION

STREE1

CITY OR TOWN

, and that in (my) pour) opinion death accurred on the date and hour and from the causes stated

COUNTY

220.1 certify that (1) (this hospital) attended the deceased from.

CERTIFICATION

MEDICAL

9 JUNE sow the deceased alve on above (I) we) (did) (did no)) view the body after death.

YSICIAN'S NAME (TYPE OR PRINT)

23t NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL PHYSICIAN DIRECTOR

22c. DATE SIGNED

STATE

MD

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

John E. Boulais

Greensboro, MD

Ridgely 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Aulia Davidson

CA

23b. DATE 6-5-85

St. Gertrude

19

23d LOCATION

4. 14 1 T. V. 0.000 House De La Trans COMPANY TO THE PROPERTY OF THE PARKET STREETEN STATE CALLAND STATE IN STREET CHILDREN AND THE PART OF THE SECRET PRINCE ECTIVE STATES OF REMARKS THE PROPERTY OF THE PARTY OF THE PAR was a proper of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 210014 REGISTRAR REG. NO 7h HOUR 1. DECEASED NAME (TYPE OR PRINT) top.lla 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH MONTH YEAR DAYS HOURS. Caucasian 1896 Anr 9. BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife entor Health Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Maryland Caroline Denton 306 Fourth 21629 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John MIDDLE MIDDLE Breeding Charlotta Calloway ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 220017814 Charles Seaford No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOV NO [iol-tronsit ntol Hygie 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (1) we) (did) (did no) view the body alter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS David Smith. M. Denton 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Greensboro /85 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

and the attwented the common countries.

Maryland Caroline Denton z 305 Fourth 61. 25529

John P. Breeding Charletta Culture

No. 220017614 Christen old, sentord, Note,

Surial "/17/05 wroonsbury tensters troonsburg Garding in

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Large Land Company of the Company of

University Apr Ed. 1896 1 189 1 1 1





40040		OR			DEDARTA	SIA		KYLAND NND MENTAL I	HYGIENE				
10012	1-	STATE REGISTRAR		ME				RTIFICATE		H REG.	NOO (9 6	6
	1. DEC	EASED NAME	FIRST		WIDDLE		LA	sr	20.	DATE KNOWN	MONTH	DAY Y	EAR 26. HOUR
NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET,	(TYPI	OR PRINT)	Anne		C.		Vo	shell	77	OF ESTI-	7 7	13 19	85 5 A N
NA STREET	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UNDE	DAYS HOURS		DATE	MONTH	DAY	YEAR 2d. HOUR
	1	emale	White		6.409	77	S.	DATS HOOKS		DEAD	7	13 19	35 / AM
32	7a. B1	REIGN COUNTRY)	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?		NEVER MARI	RIED [9.1	BALTIMORE CIT	-	NTY OF DEAT	Н
1		ryland	DE DEATH :	US 11 NAME OF HO		DEING HOME	WIDOWEL			Caroli		Tisk KIND C	MD
				(IF NOT IN SUCH F.	ACILITY, GIVE ST	TREET ADDRESS)	E, OR OTHER	INSTITUTION	FOR MOS	T OF WORKING LIFE)		OR INC	acturing
1		ldsbore		Main OR OTHER INSTITUTION, G	Stree		ON)		Secr	etary		Mariura	260
d	13a. S	elaware	130 COUN	ent	DOY	OR TOWN		d. INSIDE CITY LIMITS? YES X NO			ion S	+9 710	901/
ñ		THER'S NAME						MOTHER'S MAID			31011	1. 13	3017
l	13	Develse	nn	MIDDLE		vright		Virgin	ia	MIDDLE		Montag	que
	16a. V		EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT	Y NO. 17	. INFORMANT		ADDŖI	ESS		2
	no				216	-08-00	009	George	LeRoy	Cartwr	right	Golds	sboro, Mi
		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per lin	e far (a), (b)	, and (c).)	A / -	711000	A A .	4			CIMATE INTERVAL ONSET AND DEATH
		7,11,102		TE CAUSE (a).	400	LKDI		INFAR	CHOI	V		30	ute
		Condition	is, if any, which	DUE TO, OF	AS A CON	ISEQUENCE	OF S	· Ho	TO	isease		ch	ronic
	166		e to immediate stating the under-		RASACON	ISEQUENCE (J D L CC	- rieal	16 0	is cause		-17	7 4 11.10
		lying cau	se last.										
		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	IINAL DISEASE O	R CONDITION GIVEN IN P	ARC p.				
	NO	Cardi	ac An	my thin	ria,	Cong	·He	art Fa	ulur	e, Sti	OKI		
	CAT	190. DATE OF	OPERATION	19b. COND	ITION FOR V	WHICH OPER	RATION WAS	PERFORMED?			P-138	20. AUTO	
4	CERTIFICATION	21a EYTEDNIA	L CAUSE WAS	21b. TIME O	E INTITION		121. HOV	VINITURY OCCURR				YES	Mon
3		UNDERLYING	OR	HOUR A.A	A. MONTH	DAY YEAR	R	V INJURY OCCURR	ED (ENTERNAT	UKE OF INJURY IN ITEM	ISPANT 1 OR F	AKT 2)	
1	MEDICAL	214 IN ILIRY C	CCURRED		OF INJURY	19 (AT HOME	21f LOCA	ATION					
	ME	WHILE C	NOT WHILE [STREET FAC	TORY, FARM, ET		STRI	EET	C	ITY OR TOWN	C	YINUO	STATE
EXAMINER: THIS C CERTIFICATE, WRIT LUD BE FORWARD I DIRECTOR: PAGE: WITH THE STATE MARYLAND, 21201				a of the remains de	eeribad at	nue held	Autom		. 52		and t		
		226. I certify that I took charge of the remains described above, held on Autopsy , Inspection, , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,											
		dedili resolle	26) -1		A	, 30	de	TITLE (SPECIFY)	ondeleni	co motiner	-	~/-	1
		ACTUAL SIGNATURE	Molle	whole	MO	N	M.	Deputy	MEDICA	LEXAMINER	DATE	IED /// 3	5/85
7	1	EXAMINER'S I	NAME Chy	ictian E	Ton	Val I	MAN	Pour	1.00	Danz	10 A	10-	1100
Z	22.5	(TYPE OR PRIN	VT)	1011011 E	, UE)	DEN 1	AC	DDRESS POX	670	טווישעה ו	NI IN	11) 7	1624
	(5	PECIFY)	TION, REMOVAL	7-16-85		dd Fol		Cemetery	23d LOCA	mden	Κe	unty nt	DE
		urial JNERAL DIREC	TOR			du l'el	IOWS (GISTRAR 25b. RI			0.0
	Jo	hn E.	Boulais	Gre		oro, M	D	.11110	10 19	96 5 die	Devidou	n-Mande	9

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ALVOCADAIAL INFARCTION ARTHURSDEEDING HEART, MERCLE

Cordiac Arriv Himia Cengith at Billore, STOKE.

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41.58 El 18

Charles Contract Lasting Contraction

EREAL OLA DE TENER ALD - Rox ETE DOMES A LA LA SELECTION